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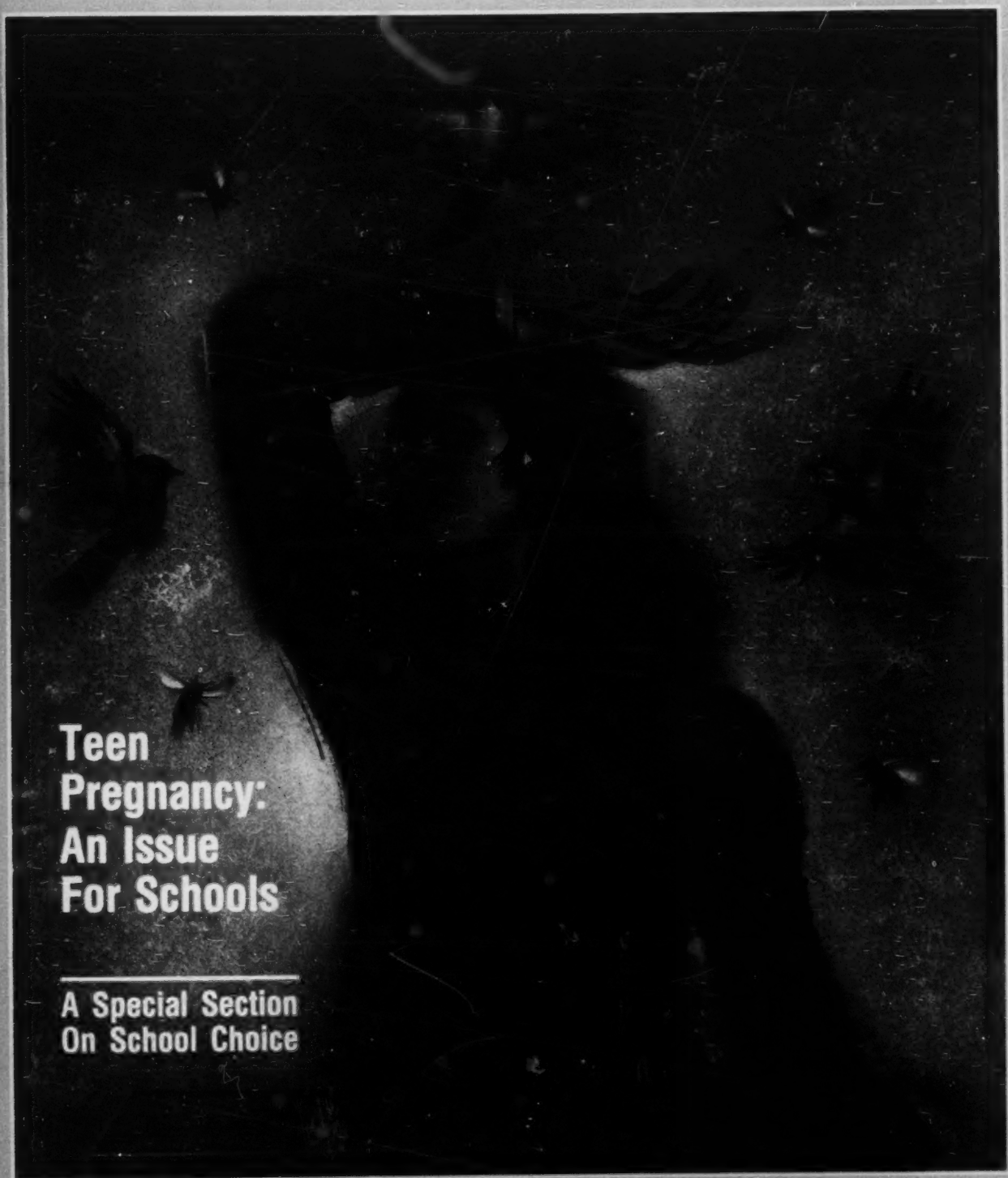
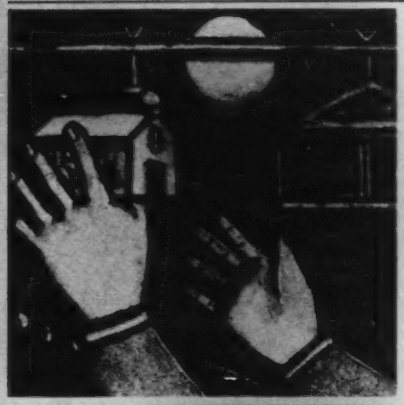


Teen Pregnancy: An Issue For Schools

A Special Section On School Choice



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Cover Illustration: Cary Henrie

Teen Pregnancy: An Issue for Schools

Issues related to teen pregnancy are becoming increasingly important to the schools. Ms. Kenney provides a comprehensive overview of the kinds of programs that schools either have adopted or could adopt to combat this problem. Broad-based support is crucial.

BY ASTA M. KENNEY

ABOUT 65% of school administrators view teen pregnancy as one of the top 10 problems facing their school systems.[1] Considering that more than four out of 10 young women in the United States become pregnant before they turn 20, this is hardly surprising.[2]

Several factors have contributed to the growing recognition of the severity of this problem by educators and the public at large. First, major research studies in the 1970s and 1980s have brought out the fact that sexual activity and pregnancy among high school students can no longer be considered "deviant." About half of U.S. teenagers are sexually active by the time they leave school, and one in four young women has experienced a pregnancy.[3]

Furthermore, even though fewer teens are having babies today than a decade or two ago, the problem has become more "visible" in the schools. Since the enactment of Title IX of the Education Amendments of 1972, which protects students in federally funded education programs against discrimination on the grounds of pregnancy or parenthood, pregnant students and young parents have been entitled to remain in school. In addition, young mothers today are less likely to give up their babies for adoption, so that adolescent parents are usually caring for an infant at the same time as they are seeking to acquire a basic education.

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Ten or 15 years ago, teenage pregnancy and childbearing were viewed primarily as health problems. They are certainly that – teens and their infants are significantly more likely to suffer death and complications in childbirth than women who postpone childbearing into their twenties. But there is a growing recognition that the risks can be mitigated through proper health care, particularly prenatal care and nutrition.

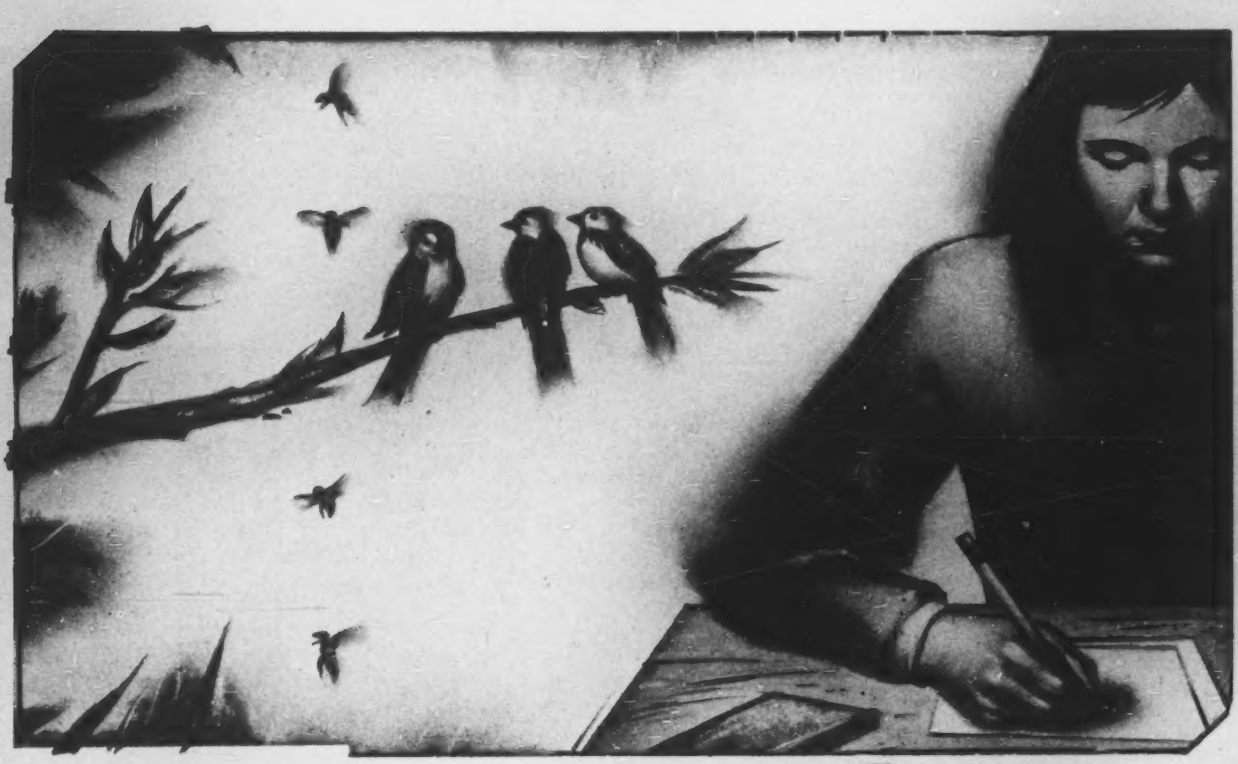
More recently, public concern has begun to focus on teenage childbearing as one of the root causes of poverty. Teen parents are often school dropouts, and, as a result, they face difficulties in obtaining the skills needed to compete in society. Thus they are disproportionately likely to find themselves in low-paying jobs or dependent on welfare for support.

Even when socioeconomic background, academic ability, and motivational factors are taken into account, early childbearers are less likely to graduate from school and more likely to suffer other educational deficits. Although many young mothers resume their education later in life, they generally do not catch up with the women who postpone childbearing.

Using data from the National Longitudinal Survey of Work Experience of Youth, Frank Mott and William Marsiglio studied the childbearing experience of women aged 20 to 26.[4] They found that only half of the women who first gave birth at age 17 – and even lower proportions of those who gave birth at a younger age – had completed high school by their twenties (see Table 1). Among young women who waited until age 20 to have a baby, by contrast, 90% had obtained a high school education. Moreover, among the younger teen mothers, almost half had obtained a General Equivalency Diploma (GED), which may not always open up the same employment opportunities as a high school diploma. Teenage fathers are also negatively affected, but not as severely as teenage mothers.[5]

These educational deficits have consequences for the young women themselves and for their children. Teen parents are more likely than those who delay childbearing to have low-paying, low-status jobs or to be unemployed. The mean family income of white women who give birth before age 17 is about half that of families in which the mother delays birth until her mid- or late twenties. The younger the mother at childbirth, the lower her annual family income.[6]

Although this financial disadvantage



tends to diminish over time, it is aggravated by the fact that teen mothers often have larger families to support with their more modest incomes.[7] As a result of their poverty, they are disproportionately likely to depend on public assistance for support. Approximately half of Aid to Families with Dependent Children (AFDC) payments are to households in which the mother was a teenager at the time she first gave birth. A 1985 study estimated that in that year alone teen childbearing cost the federal government $16.6 billion for cash assistance, food stamps, and medical care for women who first gave birth as teens.[8]

Teen childbearing also has implications for family structure and stability. Increasingly, teenagers who give birth are not married.[9] Of those who do marry, pregnancy is often the reason – one-third of brides under age 18 are pregnant. But these early marriages are highly unstable,[10] and most adolescent mothers will spend at least some portion of their lives as single parents – a family structure that is closely correlated with poverty.[11]

TABLE 1.
Percent Distribution of Women, Aged 20-26 in 1983, By Type of High School Completion, According to Age at First Birth

Age at First Birth	Total %	High School Completion by 1983 Diploma %	GED %
15	45	24	21
16	49	28	21
17	53	38	15
18	62	52	10
19	77	68	9
Under 20	90	86	4

Source: Frank L. Mott and William Marsiglio, "Early Childbearing and Completion of High School," *Family Planning Perspectives*, September/October 1985, p. 234, Table 3.

Because education is associated with parenting skills and child development, the children of teen parents also suffer. They tend to score lower than the children of older parents on standardized intelligence tests, and they perform less well in school. One study found that, among children of adolescent mothers, every additional year of education for the mother reduced the likelihood that the child would be retained in grade by almost 50%. The children of teen parents are also more prone to exhibit mild behavioral disorders and to experience emotional problems.[12] Later in life, they are more likely to become teen parents themselves.[13]

Teen parenthood is not always a recipe for disaster, of course. But the odds weigh heavily against these young people, and they need the support of their families, their communities, and their schools to help them overcome the host of obstacles they face.

INCIDENCE OF TEEN PREGNANCY AND CHILDBEARING

The teen pregnancy rate in the U.S. is one of the highest in the western world: more than twice as high as the rates in England, France, or Canada; almost three times as high as the rate in Swe-

Illustration by Cary Henrie

den; and seven times as high as that in the Netherlands.[14] Each year, one out of every 10 teenage women in the U.S. becomes pregnant. This means that there are more than a million teen pregnancies a year, and eight out of 10 of these pregnancies are unintended.[15] The only bright spot in the picture is that the teen pregnancy rate (the number of pregnancies per 1,000 teenage females), after increasing somewhat during the 1970s, has leveled off and may even be beginning to decline.[16]

The reason for the high rate of teen pregnancy in the U.S. is that large proportions of teenagers are sexually active and many either do not use contraception or use it sporadically or ineffectively. Table 2 shows that by age 18, 44% of the young women and 64% of the young men are sexually experienced.[17] The rates of sexual activity among teens increased dramatically during the 1970s, but they appear to be stabilizing or decreasing in this decade.[18]

TABLE 2.
Percent of Young People Sexually Active At Specific Ages

Age	Women %	Men %
15	5.4	16.6
16	12.6	28.7
17	27.1	47.9
18	44.0	64.0
19	62.9	77.6
20	73.6	83.0

Source: National Research Council, *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing* (Washington, D.C.: National Academy Press, 1987), Table 2-6.

The increased rates of sexual activity among teens have not led to drastic increases in the rates of teen pregnancy, because greater proportions of adolescents have been using contraception.[19] By 1982, 85% of sexually active teenage females had used contraception at some time,[20] but almost 40% used contraception only sporadically.[21] Moreover, since most teenagers wait almost a year after becoming sexually active before they seek medically supervised contraceptive care,[22] almost half of first teen pregnancies occur within six months of an adolescent's first sexual encounter.[23] Shortening the delay between first intercourse and the use of effective contraception could reduce teen pregnancy rates significantly.

Not all teen pregnancies result in a live birth, of course. As Table 3 shows, about 47% of teen pregnancies end in birth, while 40% are terminated by abortions and 13% result in miscarriages. The younger the teenager, the more likely she is to seek an abortion rather than carry the pregnancy to term.[24]

There has been a dramatic decline – about 25% – in the teen birthrate since 1970.[25] This is due partly to improved contraceptive practice by sexually active teenagers and partly to the legalization of abortion nationwide in 1973. More than half of all births to teenagers occur out of wedlock, and the nonmarital birthrate continues to show steep increases.[26] This trend is due to the decreasing likelihood of marriage among pregnant teens,[27] who appear to be reluctant to compound the problem of an early, unplanned birth with a marriage that is highly likely to break up. In addition, few unmarried mothers give up their infants for adoption these days: in 1982 less than 5% did so.[28]

TABLE 3.
Estimated Pregnancies and Pregnancy Outcomes, 1983 (in Thousands)

Age	Pregnancies	Births	Nonmarital Births	Abortions	Miscarriages
Under 15	29.8	9.8	8.8	16.4	3.6
15-17	390.3	172.7	116.6	166.4	51.2
18-19	649.3	316.6	144.6	244.9	87.8
Total Under 20	1,069.4	499.1	270.0	427.7	142.6

Source: National Center for Health Statistics, "Advance Report of Final Natality Statistics, 1983," *Monthly Vital Statistics Report*, vol. 36, no. 6, supplement, 20 September 1985; and Stanley K. Henshaw, "Characteristics of Women Having Abortions, 1982-1983," *Family Planning Perspectives*, January/February 1987.

It is unclear what accounts for these trends. Teenagers, of course, are part of a broader society in which sexual activity and childbearing outside of marriage have become far more prevalent than they used to be. It is also clear that teenage sexual activity, pregnancy, and childbearing are not confined to poor, inner-city populations. Rates of sexual activity among white teens have increased faster than rates among black teens, and the increase in births to unmarried teens is entirely attributable to whites.[29]

The likelihood of a teenager's becoming sexually active or becoming pregnant prematurely has less to do with socioeconomic status than with the individual teen's values, goals, and aspirations in life and with the kind of family environment in which she is raised.[30] However, the poorest, most vulnerable minority teens *are* disproportionately likely to carry a pregnancy to term and to keep the infant[31] – possibly because teenagers from more affluent families can afford abortions while Congress continues to deny federal funding for abortion to low-income women in all except life-threatening cases.

It is clear, though, that teenagers (especially girls) who see a future for themselves are less likely to become sexually involved at an early age, are more likely to use contraception effectively if they do have sex, and are less likely to bear a child if they become pregnant.[32] A 1982 Northeastern University study also shows a correlation between early parenthood and academic ability. Older teenage females with poor basic skills are 2½ times as likely to be mothers as those with average basic skills; older teenage males with poor basic skills are three times as likely to be fathers. Among younger teens – those under 16 – females with poor basic skills are five times as likely to become mothers as those with average skills.[33]

A recent study that sought to identify factors that account for state-to-state differences in teen pregnancy and birthrates concluded that the broad social setting in which teenagers make – or fail to make – decisions about childbearing is extremely important in determining their chances of becoming pregnant, giving birth, or having an abortion. States in which the status of women is higher have lower teen birthrates and higher

abortion rates; politically liberal states have relatively low rates of pregnancy and birth; states with large fundamentalist populations have higher birthrates; and states with high dropout rates and larger proportions of young females not graduating from high school have higher pregnancy and birthrates and somewhat lower abortion rates.[34]

Another study that compared the U.S. with other developed western nations concluded that those countries with the most liberal attitudes toward sex, the most extensive sex education programs, and the most easily accessible contraceptive services had the *lowest* rates of teenage pregnancy, abortion, and childbearing.[35]

WHAT CAN BE DONE?

Late last year, the National Research Council of the National Academy of Sciences issued a major report, titled *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing*.[36] This report concluded that programs and policies designed to address adolescent pregnancy should make pregnancy *prevention* their highest priority. The most effective strategy for achieving this goal is to make free or low-cost contraception available confidentially. In addition to supporting existing efforts to provide contraception to teenagers through clinics and private physicians, the National Research Council panel recommended the development, refinement, and evaluation of school-based clinics; the inclusion of information about contraception in sex education programs; and the advertising of contraceptives.

The report also recognized that teenagers need to understand why being a parent is inappropriate so early in their lives. It suggested that they be encouraged to establish career goals and to appreciate the value of educational attainment and employment skills. The National Research Council panel recommended the development and evaluation of life-planning courses, of programs to improve school performance, and of employment programs, as well as the emulation of appropriate role models, even though these strategies have not been conclusively shown to reduce teen pregnancy. The panel supported family life education and sex education, training for assertiveness and responsible decision making, and more responsible portrayals of personal and sexual relationships in the media. In addition, the panel endorsed the development and evaluation of programs intended to delay the onset of sexual activity – even though it admitted that there is currently no evidence that such programs are effective.

When adolescents *do* become pregnant, the goal of educators and social service personnel should be to provide alternatives to adolescent childbearing and parenting, the panel concluded. It noted that pregnant teenagers should be given full information about the possible risks, benefits, and consequences of maternity, abortion, and adoption, as well as appropriate referrals. The report also urged that adolescents be encouraged, but not required, to involve their parents in their decision about abortion, and it recommended that ways be found to strengthen adoption services.

In an effort to promote positive outcomes for adolescent parents and their children, the panel recommended a broad array of special education programs and services to assist them in completing their education; stronger age-appropriate employment programs; model child-care programs; continued support for the provision of health and nutrition services, including prenatal, labor, and delivery care for pregnant teens, and pediatric care for their children; contraceptive services to prevent repeat pregnancies; and case-management services to help adolescents obtain the support and services they need.

THE ROLE OF SCHOOLS

Although the National Research Council did not outline a specific role that schools can play in addressing the issue of teenage pregnancy, many of the approaches it suggested either can be – or are already being – carried out by schools. Only a few of the many possible approaches are mentioned here.

Readers should keep in mind that the postponement of pregnancy and childbearing are associated with young people's goals and aspirations in life and with their academic performance. Thus the importance of a school's overall academic program and its extracurricular activities cannot be overstated. The ability of the school and the family to build a teenager's sense of self and of the future will probably have a far greater impact on the likelihood of teen pregnancy than any special programs of short duration designed expressly around that goal. Nevertheless, no matter how highly motivated an individual may be, millions of teenagers – both high- and low-achievers – are sexually active and at risk of pregnancy. Without accurate information and access to health services, these young people are likely to become pregnant, with potentially devastating consequences for their futures.

Teenagers (especially girls) who see a future for themselves are less likely to become sexually involved at an early age.

EDUCATIONAL APPROACHES

The common perception is that, if a school wants to help reduce teen pregnancy, it should introduce sex education. Only half of the school districts that offer sex education cite the reduction of teen pregnancy or childbearing as a major goal, however, according to a 1982 survey by the Urban Institute/National Association of State Boards of Education of 180 school districts in cities with populations over 100,000.[37] Most programs were instituted to promote rational and informed decision making on sex-related topics or simply to increase students' knowledge of reproduction.

This survey found that three-fourths of the city school districts provided some instruction in sex education in high school or junior high school and two-thirds provided it in elementary school. This does not mean, of course, that every school in these districts provided sex education or that the instruction was comprehensive or constituted a formal course. Indeed, most districts integrated the material into other courses, such

as health education, biology, physical education, or home economics.

At the junior or senior high levels, sex education was typically found to consist of six to 10 hours of teaching time, with few districts providing comprehensive programs of more than 40 hours. Almost all the programs covered physiology, sexually transmitted diseases, pregnancy, and parenthood. More than 80% also included such topics as sexual relationships, communication, and decision making, as well as intercourse and the probability of pregnancy. Between 72% and 79% of the districts surveyed covered subjects related to the prevention of pregnancy, such as contraception, sources of family-planning services, and the most likely time for pregnancy to occur.

The topics least likely to be covered were homosexuality, gynecological examinations, abortion, and masturbation. Table 4 shows the grade level at which the largest number of districts in the 1982 study introduced 24 specific topics. The progression seems to be from physiological facts to reproductive facts and issues and then to more complicated, value-laden questions.

Most surveys indicate that about three out of four teens receive some type of formal sex education. The 1984 National Longitudinal Survey of Work Experience of Youth found that 60% of women and 52% of men in their twenties had taken a sex education course by age 19. It also found that sex education often occurs *after* young people have become sexually active.[38] The 1982 National Survey of Family Growth showed that 68% of 15- to 19-year-old females had received formal instruction about pregnancy and contraception and that an additional 16% had had instruction about pregnancy only.[39] And a Johns Hopkins University study found that in 1979 76% of girls aged 15 to 17 and 76% of boys aged 17 to 18 had received some classroom instruction on human sexuality.[40] None of these studies, however, looked specifically at whether the instruction had been in the school.

One of the most widely acclaimed sex education programs in the country is the Family Life/Sex Education course at George Mason High School in Falls Church, Virginia. The program was introduced 15 years ago with the active participation of parents, clergy, and the medical profession. Today it consists of a semester-long elective course for eighth-graders, another for high school seniors, and a quarter-long elective for seventh- and ninth-graders. Instruction covers anatomy and physiology, the reproductive process, contraception, abortion, and homosexuality, but it also extends to birth defects, aging, dying, and death.

The central purpose of the program is to help students understand themselves and to build their decision-making skills. Extensive use is made of group discussions of such complex situations as whether a deformed or mentally defective child should be kept alive or allowed to die or the possible reactions of a teenage couple confronted with an unintended pregnancy. The school believes that such discussions give teens an opportunity to think through their feelings and values on sex-related matters before they become sexually involved and face some of these situations.[41]

The evidence on the effectiveness of sex education is not conclusive. Study after study has shown that sex education increases knowledge, but its effects on behavior are more difficult to gauge.

There is strong evidence that instruction has *no* impact – one way or the other – on the likelihood that young people will initiate sexual activity. Even programs that concentrate exclusively on deterring sexual activity – to the exclusion of providing much other information – have been unable to demonstrate success. The evidence that sex education leads to a reduction in teen pregnancies is not compelling, but there is also no evidence that sex education is connected with an increase in teen pregnancies. When instruction covers contraception, there does appear to be an impact on contraceptive use by teens who are sexually active.[42] These findings are hardly surprising, since sex education usually consists of only a few hours of instruction, while teenagers receive information and "messages" about sex virtually every day of their lives.

A number of other educational approaches have also evolved. One entails education for parents, on the theory that they can effectively pass on sexual infor-

TABLE 4.
Grade-Level Placement of 24 Topics in City Schools

Grades 5-6
Physical differences*
Changes of puberty*
Grades 7-8
Intercourse and pregnancy probability*
Most likely time in cycle for pregnancy
Pregnancy and childbirth*
Consequences of teen pregnancy*
Sexually transmitted diseases*
Sexual feelings and attraction*
Communication with parents
Communication with opposite sex*
Media messages about sex
Resistance to peer pressure for sex
Sexual decision making*
Personal values*
Masturbation
Grades 9-10
Family planning sources
Contraceptives
Gynecological examination
Responsibilities of parenthood*
Teen marriage*
Love relationships and commitment*
Abortion
Homosexuality
Rape and sexual abuse

*Topic offered by at least 80% of districts.

Source: Freya L. Sonenstein and Karen J. Pittman, "The Availability of Sex Education in Large City School Districts," *Family Planning Perspectives*, January/February 1984, p. 19.

There is strong evidence that instruction has *no* impact on the likelihood that young people will initiate sexual activity.

mation in the context of family values. There is some evidence that open communication between parents and children about sex is associated with lower levels of sexual activity (at least among young teens) and with more consistent use of contraceptives among sexually active teens. Thus many sex education programs for adolescents are accompanied by parallel programs for parents in order to enhance parent/child communication.

Probably the best-known program for parents is run by the Family Guidance Center in St. Joseph, Missouri.[43] Courses are offered for parents of daughters in their early teen years, for parents of older teenage daughters, for parents of younger teenage sons, and for parents of older teenage sons. The topics include reproductive anatomy and physiology, pregnancy, childbirth, birth control, teen pregnancy, and parenthood. The program seeks to create an atmosphere that is both instructive and fun, using such techniques as discussions of problems that appear in letters to "Dear Abby." Parent education programs have been shown to improve knowledge and communication skills, but their impact on young people's knowledge and behavior is not known and would be difficult to assess.[44]

Another educational approach that is gaining currency is the "life-planning" approach. The theory behind life-planning programs is that teenagers who are highly motivated to achieve certain goals in life will recognize that premature parenthood can disrupt those plans. Thus teens who are strongly goal-oriented are more likely to avoid pregnancy or childbearing.

A life-planning curriculum developed and tested by the Center for Population Options is being used by schools and youth agencies in several communities around the U.S. The program is intended to help young people understand the links between their sexual decisions, parenthood, and vocational choices. It seeks to help teens set goals, build their self-esteem, clarify their personal and family values, and learn about sexuality and the responsibilities of parenthood.[45] Unfortunately, evidence on the impact of this approach is not yet in.[46]

A similar kind of project, the Teen Outreach Program, operates in the public schools in St. Louis, Missouri, in collaboration with the Junior League.[47] It includes after-school sessions designed to build self-esteem and reduce the incidence of unintended pregnancies and of dropping out of school. Weekly discussions focus on such issues as self-esteem, career planning, and sexuality. Teens are also placed as volunteers in community agencies to help them see themselves as contributing members of the community. Teen Outreach is being replicated in 17 cities around the country, and preliminary evaluations suggest that it has been successful in lowering pregnancy rates and course failure.

Another approach that has been growing in popularity – not only for sex education but also for other problems facing teens – is teen theater. Young people with dramatic talent and special training in human sexuality put on short skits, which may be improvised or scripted, for their peers. For example, the New Image Teen Theatre in San Diego, California, has one skit called "Mythbusters," in which commonly held myths about sexuality are corrected; another skit is called "Charlie Brown," in which the popular cartoon character seeks information about sex; a third skit, "Clinic Fears," is a humorous depiction of teenagers' fears about obtaining birth control.[48] The assumption underlying teen theater is that teens tend to listen to their peers, and therefore teenagers with accurate information can have a significant impact on others. This hypothesis has yet to be proved, however.

A related approach entails peer education. For example, in some public schools in Ann Arbor, Michigan, students have offices in which they meet with fellow students, answer their questions, distribute literature approved by an advisory committee, and make referrals to community agencies. The students who staff these offices are trained by Planned Parenthood and receive academic credit for their training. Teachers in the schools refer students to the peer educators and back them up when necessary.[49] Although such peer education programs appear to have a large effect on those trained as counselors, their effectiveness in reaching other teens is not as clear.[50]

A key to all these approaches is the ability of the educators to win the confidence of students and to make it widely known that they are available for consul-

"It's time you learned the facts of life, son. Sit down and e the computer tell you about them."

tation. With appropriate training, good rapport with students, and the authority to provide the necessary information and services, members of the school staff can certainly perform these functions.

LINK TO CLINICAL SERVICES

Information alone, without access to such medical services as contraception and prenatal care, cannot prevent pregnancy among sexually active teens or help an already-pregnant adolescent. Thus there should be a link between schools and medical providers.

These days, the most widely discussed approach to the provision of medical services to students is the school-based clinic. More than 70 schools around the country now have health clinics that were started in order to meet the special health needs of adolescents, particularly low-income adolescents. Among the services most frequently provided at these clinics are athletic physicals, general health assessments, screening services, immunizations, first-aid care, family planning, prenatal care, drug and alcohol abuse programs, and nutrition and weight reduction programs. These clinics differ from traditional school health programs in that they prescribe and sometimes dispense medication.[51]

School-based health clinics are usually organized by an outside organization or group (such as a health department, hospital, or private nonprofit institution) that lays the groundwork for the clinic in the community and provides the expertise, staff, and insurance. The school typically contributes the space and makes it easy for students to attend. The staff members of these clinics are generally nurse-practitioners and social workers, backed up by a physician. The clinics are always developed with extensive community input, as well as with the cooperation of the school board and the school administration.

One of the hopes of those who sponsor and organize clinics is that these clinics will help reduce teen pregnancy by providing information about human sexuality, contraception, and pregnancy – and by either providing contraceptive services or referring students to agencies that do so. For a variety of reasons (particularly because they are so accessible to teens), school-based clinics appear to offer a promising approach to the reduction of teen pregnancy. However, the clinics have sometimes attracted strong opposition because of their provision of contraceptive services – this despite the fact that less than 30% of the clinics actually dispense contraception at the school.[52]

One of the oldest school health clinic programs in the country is located in St. Paul, Minnesota. Researchers in that city report that, between 1976-77 and 1984-85, the birthrate among students in schools with clinics declined from 59 births per 1,000 students to 37 births per 1,000. The use of family-planning services also increased in the St. Paul program. Seven percent of all female students sought birth control services in the 1976-77 school year; in 1983-84, 35% did so.

The most widely discussed approach to the provision of medical services to students is the school-based clinic.

Data from a new school health program in Kansas City, Missouri, suggest that the use of birth control has improved among high school students. Of students who said that they had used birth control, 31% of those surveyed in 1985 said that they used it all the time; the comparable figure for a 1983 survey was 24%. Thirty-seven percent of the 1985 respondents who were sexually active said that they had never used birth control; the corresponding figure in the 1983 survey was 50%. The proportion who said that they had ever been pregnant was about 10% in both years, but the proportion who reported that they had had a baby dropped slightly, from 8% in 1983 to 6% in 1985.[53]

A slightly different approach, known as school-*linked* rather than school-*based*, was pioneered by some Baltimore public schools in cooperation with Johns Hopkins University.[54] Family-planning clinics located adjacent to the schools sent a nurse and a social worker into the schools. There, these professionals made formal presentations about the services available from the clinics and about reproductive health. They were also available to the students for several hours each day for counseling. The same personnel then conducted after-school sessions at the clinics, during which further counseling, films, and family-planning services were available

"They taught you about the birds and bees in sex education, but did they warn you about the drones*?"*

to the students free of charge and in strict confidence.

The results were impressive. Students who participated in the program delayed their first intercourse longer than did members of a control group. Higher proportions of female students came to the clinic for contraception before their first intercourse or soon afterward, and, after 28 months, the pregnancy rate had declined by 30% in the program schools, while it had risen by almost 60% in other schools. The Baltimore program demonstrated that a key element in the prevention of teen pregnancy is the link between information and medical services.

PROGRAMS FOR PREGNANT TEENS AND YOUNG PARENTS

A number of schools and other agencies have instituted special programs to help pregnant teenagers and young parents cope with the demands of school and pregnancy. A study of 127 cities in 1979-80 found that 90 had at least one program for pregnant teenagers.[55] In 83 of the cities, these programs were sponsored by local departments of education; other programs were sponsored by health departments. Medical care for the pregnant teenagers in these programs was provided by hospitals, private physicians, clinics, and other organized community programs.

The education strands of the programs themselves most frequently provided counseling, special education, and nutrition, as well as family life and sex education; more than 80% of the programs offered these services. Only 65% provided vocational assistance; 53% offered contraception to prevent a repeat pregnancy; 35% provided day care for infants; 34% offered special programs for young fathers; and 20% operated maternity homes. In 76 of the 90 cities surveyed, special education was provided in alternative schools. Less frequently it was provided in special classes or through home instruction. The major need perceived by these cities was for child care for the infants of teen parents.

A 1981 Rand Corporation study of the response of the public schools to teenage pregnancy and parenthood found that most of the school districts studied had established separate facilities for this population in order to avoid alienating the community by appearing to "condone" student pregnancy.[56] According to a 1986 survey of more than 700 school officials, conducted by the Education Research Group, 22% of the school districts surveyed had an alternative school for this population.[57] Although these alternative school programs were able to offer a general education curriculum that also emphasized relevant topics such as parenting and child development, the Rand study found that they tended to maintain relatively low academic standards. They also generally sent students back to their regular schools soon after delivery – at the very time when students were struggling to cope with schoolwork and the demands of a newborn baby. Often, students dropped out of school once they lost the support provided by the special program – in many cases because of the lack of child care.

Other school districts in the Rand Corporation study sought to provide special assistance to pregnant teens and young parents while keeping them in their regular schools. Some of these programs offered coursework on parenting and child development for academic credit; others offered such instruction, but without credit. A number of districts also operated child-care centers. Programs of this kind avoided the difficult transition to and from an alternative school, and they were more likely to keep students in school after they had become parents. Moreover, programs that sought to keep students in their regularly assigned schools tended to be less expensive than those that made use of special schools. It may be that this approach is gaining currency. The 1986 Education Research Group survey found that 80% of the school officials who responded favored mainstreaming pregnant teens and young parents.

One of the best-known alternative school programs is the New Futures School in Albuquerque, New Mexico, which has served pregnant adolescents since 1970 and young parents since 1979. The school offers academic classes required for high school graduation, GED preparation classes, special education classes, classes in parenting and child development, and child care during school hours. Health services are available on site, and there is a job training and placement program. More than 90% of the teen parents in the New Futures School complete their secondary education.[58]

A different model of providing special facilities for pregnant teens and teen parents is the Family Learning Center in the public schools in Leslie, Michigan, which is now 12 years old. The center is housed in two mobile units adjacent to the school. It stresses high school graduation, vocational preparation, parenting skills, and family involvement. The center also provides child care up to age 6. In 1985, 91% of the seniors graduated, and 97% of the eighth- through 11th-graders remained in school.[59]

Schools would be well advised to develop and implement programs with broad community, parental, and student involvement.

The National Research Council specifically called on schools to develop a broad array of special education programs and services to help pregnant teens and young parents complete their education; to develop and evaluate model child-care programs focused on the special needs of teen parents; and to give priority to parenting education, particularly for teen parents from disadvantaged backgrounds. The research shows that programs for pregnant teenagers and young parents must continue long after the traditional six-week postpartum period if they are to help young mothers adjust to parenthood and stay in school.

Issues related to teen pregnancy are becoming increasingly important to the schools. More teenagers are sexually active and at risk of pregnancy today than 10 or 15 years ago. Although fewer teens are giving birth than in the past, since enactment of Title IX, schools have an obligation to help pregnant teens and young parents continue their education.

In this article I have tried to give a brief overview of the kinds of programs that schools either have adopted or could adopt. Such programs, however, should not be regarded as panaceas. Because it is so difficult to follow young people over a period of years to find out about their continuing education and repeat pregnancies, it is hard to show results in such programs. Nevertheless, programs to address teenage pregnancy, whether through preventive approaches or through efforts to assist already pregnant teens, *do* increase young people's knowledge of sex-related matters, and common sense suggests that these programs have some impact on behavior. The research definitely shows that concerns that such programs cause adolescents to experiment with sex or to become parents are unfounded.

In developing programs, it is becoming increasingly clear that educators must clarify their goals. An initiative that is not designed specifically to reduce the incidence of teen pregnancy can hardly be expected to achieve that goal. Research also points strongly to the need to link education and health services – contraception in the case of preventive programs and prenatal care for teens who are already pregnant.

Recognizing the sensitivity of these issues, school districts would be well advised to develop and implement programs with broad community, parental, and student involvement. When faced with the facts about teenage sexual behavior, pregnancy, and childbearing, the overwhelming majority of the public understands and supports the kinds of programs that are needed. And the full participation of members of the community can deflect the criticism from the small but vocal minorities who inevitably oppose programs that deal with teen pregnancy.

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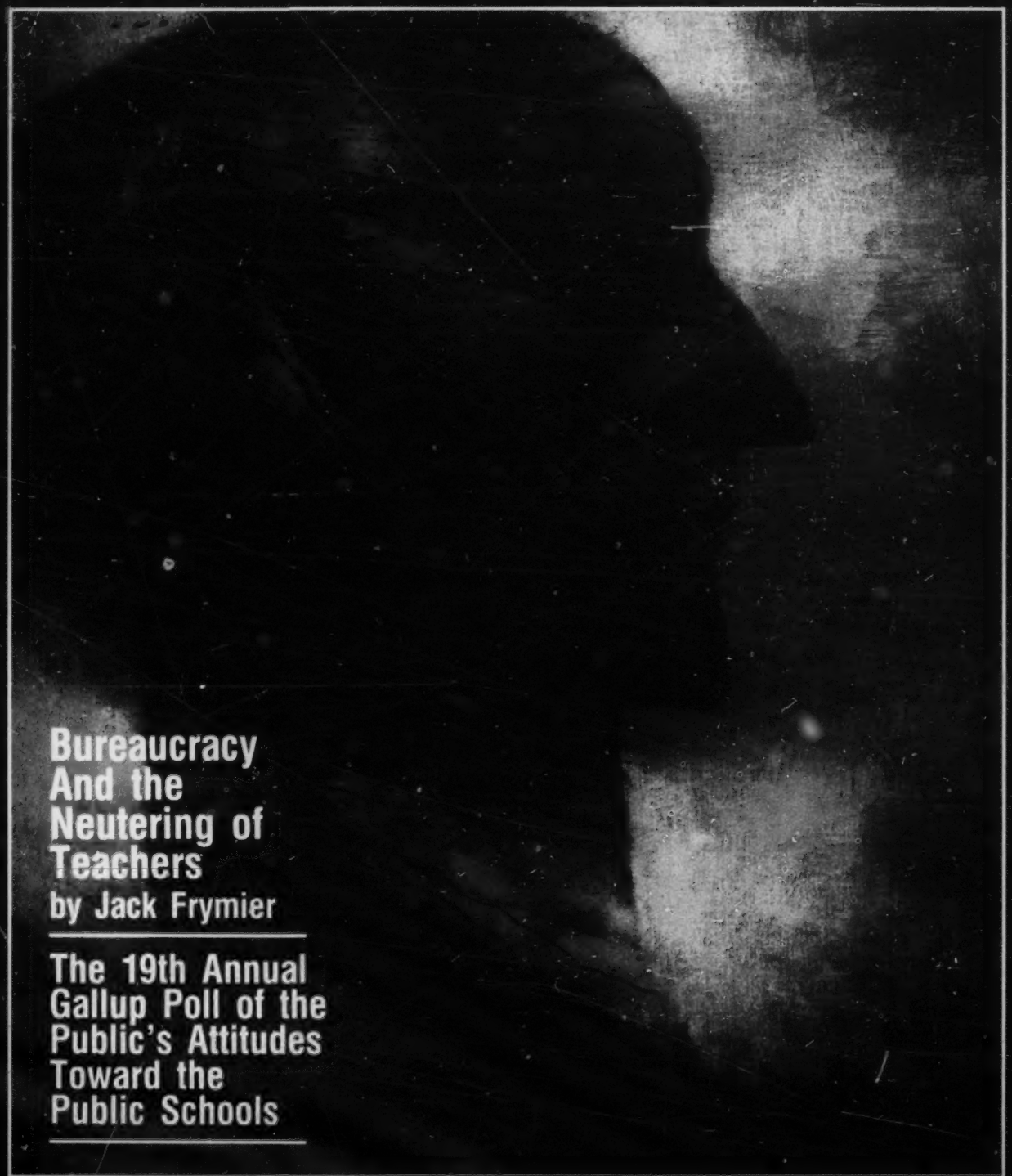

Bureaucracy And the Neutering of Teachers

by Jack Frymier

The 19th Annual Gallup Poll of the Public's Attitudes Toward the Public Schools

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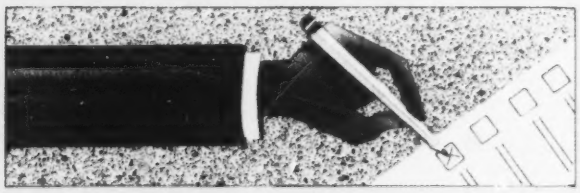
Cover Illustration: Brad Holland

Illustration by Ned Shaw

The 1987 Phi Delta Kappa/Gallup Poll of the Public's Attitudes Toward the Public Schools focuses on educational policies pursued by the Reagan Administration over the past six years. The 19th poll also continues to track trends in opinion on other questions.

Since 1981 federal education policy has changed. For example, federal expenditures for educational programs have been constrained. The report of the National Commission on Excellence in Education, *A Nation at Risk*, called for higher school standards and increased competition among schools and students. Passage of the Education Consolidation and Improvement Act of 1981 reduced categorical program aid to schools and increased the influence of state education agencies by making block grants to states. U.S. Secretary of Education William Bennett chose as the hallmark for his tenure an emphasis on the "three C's": parental *choice*, *character* education, and the *content* of the curriculum.

As the Reagan Administration nears a close, this survey assesses what the public thinks about the matters the President chose to bring to the country's attention during his years in office.



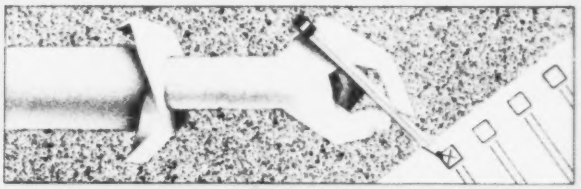
Perceived Improvement in Local Public Schools

In view of the emphasis on education reform since the publication of *A Nation at Risk*, respondents were asked whether, in the past five years, the public schools in their community had improved, gotten worse, or stayed the same. In general, the public reported sensing very little overall improvement. However, more public school parents (33%) feel that the public schools have improved than that they have grown worse (21%).

The question:

Would you say that the public schools in this community have improved from, say, five years ago, gotten worse, or stayed about the same?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Improved	25	21	33	26
Gotten worse	22	22	21	23
Stayed about the same	36	36	36	42
Don't know	17	21	10	9



Perceived Improvement in Student Achievement

A plurality of the public believes that, for students of all ability levels, achievement is about the same today as it was five years ago. Public school parents are less likely than nonpublic school parents or respondents with no children in school to believe that student achievement has gotten worse. More public school parents and nonpublic school parents believe that achievement has improved for students of above-average ability than for students of average ability or for students of below-average ability.

The first question:

Compared to five years ago, would you say that student achievement in the local public schools has improved, gotten worse, or stayed about the same for students with *above*-average ability?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Improved	27	23	34	29
Gotten worse	11	12	10	14
Stayed about the same	41	39	45	38
Don't know	21	26	11	19

The second question:

Compared to five years ago, would you say that student achievement in the local public schools has improved, gotten worse, or stayed about the same for students with *average* ability?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Improved	19	17	24	29
Gotten worse	14	15	12	15
Stayed about the same	45	42	53	40
Don't know	22	26	11	16

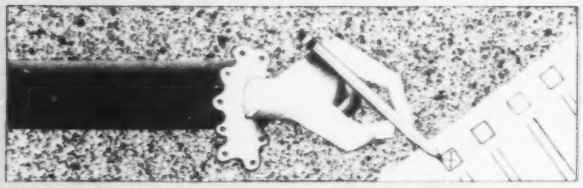
The third question:

Compared to five years ago, would you say that student achievement in the local public schools has improved, gotten worse, or stayed about the same for students with *below*-average ability?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Improved	20	17	28	23
Gotten worse	22	23	18	26

Illustrations by Ned Shaw

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Stayed about the same	35	32	39	36
Don't know	23	28	15	15



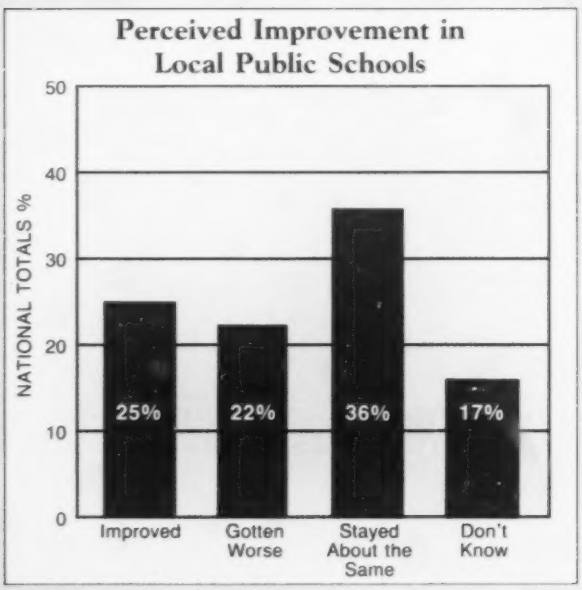
Raising Standards

By stunning margins, the public is confident that raising standards of academic achievement will improve the quality of education. The public feels — by a 7-1 margin — that telling school districts to require higher academic achievement of students will help school quality. Nonpublic school parents are almost unanimous in endorsing this strategy.

The question:

Some school districts have been told that they must require higher academic achievement of their students. Do you think this requirement would help or hurt the quality of the public schools in this community?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Help quality	76	74	79	89
Hurt quality	11	10	13	6
Don't know	13	16	8	5



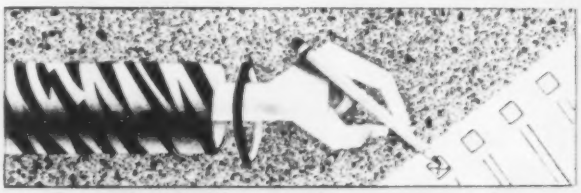
Effect on Students from Disadvantaged Backgrounds

One in three respondents (30%) expressed some concern about the effect of increased standards of achievement on students from low-income backgrounds. But a clear majority (52%) said that they think such a move will encourage these students to do better.

The question:

Some people say that raising achievement standards will encourage students from low-income backgrounds to do better in school. Others say that raising the standards will put these students at such a disadvantage that they will become discouraged about school or will even drop out. Do you think that raising achievement standards will encourage students from poor backgrounds to do better in school, or will it cause them to become discouraged or to drop out?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Yes, encourage	52	52	51	60
No, discourage	30	27	37	28
Don't know	18	21	12	12



Reporting Achievement For Comparison

In his 1984 State of the Union Address, President Reagan asserted, "Just as more incentives are needed within our schools, greater competition is needed among our schools. Without standards and competition there can be no champions, no records broken, no excellence — in education or any other walk of life." The public agrees. Seventy percent favor reporting the results of achievement tests by state and by school, so that comparisons can be made. The public feels that such comparisons would serve as incentives to local public schools, whether the results showed higher or lower scores for local students.

The first question:

It is now being proposed that educational achievement test results be reported on a state-by-state and school-by-school basis, so that comparisons can be made between schools of similar size and racial and economic make-up. Do you favor or oppose this proposal?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Favor	70	67	75	78
Oppose	14	13	17	17
Don't know	16	20	8	5

The second question:

Let's assume that the students in the local public schools received *higher* test results than students in comparable schools elsewhere. Do you think this would serve as an incentive for the local schools to do an even better job or not?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Yes	72	69	77	76
No	12	12	15	13
Don't know	16	19	8	11

The third question:

Let's assume that the students in the public schools in this community received *lower* test scores than students in comparable schools elsewhere. Do you think this would encourage the local schools to try to do a better job or not?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Yes	72	69	79	75
No	12	12	12	14
Don't know	16	19	9	11

Support for Parental Choice

President Reagan and Secretary Bennett have pressed consistently for an expansion of parental choice. Respondents were asked about increasing parental choice with regard to the local schools their children attend. Seven of 10 Americans think that parents should have the right to choose. Asked, more specifically, if they would favor a voucher system to enable parents to choose among public, parochial, or private schools, respondents supported the idea by a narrow margin, as they have since 1981.

The lukewarm support for vouchers, in contrast to the public's broad support for choice, seems to stem from a concern that vouchers might hurt the public schools. The public is almost evenly divided on the question of whether a voucher system would hurt (42%) or help (36%) local public schools. Those who feel that a voucher system would hurt local schools are overwhelmingly opposed to vouchers (81% to 7%). Those who think it would help local schools favor vouchers (73% to 16%).

The question:

Do you think that parents in this community should or should not have the right to choose which local schools their children attend?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Yes	71	68	76	81
No	20	20	21	15
Don't know	9	12	3	4

Support for Vouchers

The first question:

In some nations, the government allots a certain amount of money for each child's education. The parents can then send the child to any public, parochial, or private school they choose. This is called the "voucher system." Would you like to see such an idea adopted in this country?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Yes	44	42	49	49
No	41	42	40	46
Don't know	15	16	11	5

	NATIONAL TOTALS						
	1987 %	1986 %	1985 %	1983 %	1981 %	1971 %	1970 %
Favor	44	46	45	51	43	38	43
Oppose	41	41	40	38	41	44	46
Don't know	15	13	15	11	16	18	11

The second question:

How about the public schools in this community? Do you think the voucher system would help or hurt the local schools?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Help local schools	36	35	38	37
Hurt local schools	42	41	44	49
Don't know	22	24	18	14

	National Totals %	Those in Favor Of Vouchers %	Those Opposed To Vouchers %
Help	36	73	7
Hurt	42	16	81
Don't know	22	11	12

Parental Input on Curriculum, Instructional Materials, and Library Books

No such equivocation exists regarding parental input in setting the curriculum or in the selection of instructional materials and library books. Overwhelmingly, the public feels that parents of public school students should have more (45%) rather than less (8%) to say about the courses that are offered. Thirty-seven percent of respondents feel that parents have about the right amount of say in determining the curriculum.

Despite concerns about censorship, the public also feels that parents should have more, rather than less, influence in the selection of instructional materials (38% to 14%) and in the selection of books placed in school libraries (36% to 16%). Thirty-nine percent feel that the public has about the right amount of say in the selection of instructional materials; 38% feel that the public has the right amount of say in the selection of books for school libraries.

The first question:

Do you feel that parents of public school students should have more say, less say, or do they have about the right amount of say regarding the curriculum, i.e., the courses offered?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
More say	45	40	51	65
Less say	8	10	5	4
Right amount	37	37	41	26
Don't know	10	13	3	5

The second question:

Do you feel that parents of public school students should have more say, less say, or do they have about the right amount of say regarding instructional materials?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
More say	38	36	42	50
Less say	14	15	10	12
Right amount	39	36	46	34
Don't know	9	13	2	4

The third question:

Do you feel that parents of public school students should have more say, less say, or do they have about the right amount of say regarding the books placed in school libraries?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
More say	36	34	40	47
Less say	16	17	11	14
Right amount	38	36	45	33
Don't know	10	13	4	6

Emphasis on the Basics

Few respondents doubt the efficacy of increasing the number of required courses in basic subjects (e.g., math and science), even at the expense of electives. Indeed, three-fourths of the public feel that doing so would improve the quality of the schools. Only 28% of the public feel that elementary schools give enough attention to the three R's. However, nearly half of the public school parents (46%) believe that enough time is given to those subjects in the elementary grades.

For students who plan to attend college, more than 70% of the respondents would require at least five basic subjects: mathematics, English, history, science, and computer training. More than half would require career education, business education, foreign language, and health education. The 1987 poll revealed an increased desire for required core courses for college-bound students since 1985, when this question was last included in the poll.

The respondents also tended to favor increasing the number of required courses for students who do not plan to go on to college. However, there was less agreement on which courses to require. More than 70% of the public would require mathematics, English, and vocational training. More than half would require history, business education, computer training, career education, and science.

At all grade levels, the public is concerned that every student have adequate exposure to and training in the basics. Moreover, the public does not have great difficulty defining what is basic: English and mathematics are basic for all students at all levels; history, science, and computer training are not far behind; vocational, career, or business education is a basic for the non-college-bound student.

The first question:

Some school districts have been told that they must require students to take more courses in basic subjects, such as math and science, thus reducing the number of elective courses students can take. Do you think this requirement would improve or hurt the quality of the public schools in this community?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Improve quality	75	74	76	85
Hurt quality	11	9	16	7
Don't know	14	17	8	8

The second question:

Is it your impression that the public elementary schools give enough attention, or not enough attention, to reading, writing, and arithmetic?

	National Totals %	No Children In School %	Public School Parents %	Nonpublic School Parents %
Enough	28	21	46	23
Not enough	58	62	47	67
Right amount*	6	6	5	6
Don't know	8	11	2	4

*Those who said "right amount" volunteered that answer.

Required Core Courses

The first question:

Please look over this card, which lists high school subjects. If you were the one to decide, what subjects would you require every high school student who *plans to go on to college* to take?

	For Those Planning to Go to College				
	1987 %	1985 %	1984 %	1983 %	1981 %
Mathematics	94	91	96	92	94
English	91	88	94	88	91
History/U.S. government	84	76	84	78	83
Science	83	76	84	76	76
Computer training	72	71	—	—	—
Career education	63	57	—	—	—
Business education	59	59	68	55	60
Foreign language	56	53	57	50	54
Health education	54	48	52	43	47
Physical education	45	40	43	41	44
Vocational training*	31	27	37	32	34
Music	23	24	22	18	26
Art	23	23	24	19	28

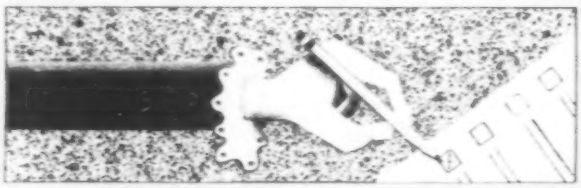
*In 1981 this subject was called "industrial arts/homemaking."

The second question:

What about those public high school students who do *not plan to go to college* when they graduate? Which courses would you require them to take?

"Now I'm just looking for anybody who doesn't stretch the truth."

	For Those *Not* Planning to Go to College				
	1987 %	1985 %	1984 %	1983 %	1981 %
Mathematics	88	85	92	87	91
English	85	81	90	83	89
Vocational training	78	75	83	74	64
History/U.S. government	69	61	71	62	71
Business education	65	60	76	65	75
Computer training	61	57	—	—	—
Career education	61	57	—	—	—
Science	57	51	61	53	58
Health education	49	43	50	42	46
Physical education	41	40	44	40	43
Foreign language	20	17	19	19	21



Government and the Schools

In the September 1984 *Kappan* President Reagan argued that "we must restore parents and state and local governments to their rightful place in the educational process. . . . Decisions about discipline, curriculum, and academic standards . . . shouldn't be made by people in Washington. They should be made at the local level by parents, teachers, and administrators in their own communities." The public agrees. There is no indication that the American people want to cut *any level* of government out of the educational arena.

However, when it comes to government influence in the schools, the people feel that the closer to home the source of that influence is, the better. Asked whether they favor more or less government influence in the improvement of schools, 37% of the respondents favored more federal influence in school improvement, 55% favored more state influence, and 62% favored more local influence. Only at the federal level did a plurality of respondents favor less influence (39% to 37%); at the local level, more than four times as many respondents favored more government influence than favored less (62% to 14%).

In one instance, the public does not favor vesting authority in local government. Asked who should check to determine whether local schools are conforming to the minimum standards set by the state, the public preferred the state by a 3-2 margin. The concern of the public for minimum standards supersedes its concern for local control.

One special issue surrounding the control of schools is what is termed disestablishment, i.e., dismantling the U.S. Department of Education (ED). ED was established near the end of the Carter Administration. Nearly one-fourth of those queried don't know whether they favor disestablishment. The remainder are divided almost equally on the question: 39% favor dismantling ED; 37% would keep ED intact.

The first question:

Would you like the federal government in Washington to have more influence, or less influence, on improving the local public schools? How about the state government? How about the local government?

	Federal Government		State Government		Local Government	
	National Totals %	Public School Parents %	National Totals %	Public School Parents %	National Totals %	Public School Parents %
More	37	41	55	59	62	67
Less	39	42	21	22	15	14
Same amount*	14	10	15	14	15	14
Don't know	10	7	9	5	[illegible]	5

*Those who said "same amount" volunteered that answer.

The second question:

In most cases, the state sets the minimum education standards in the local public schools. Who do you think should check to determine how well the local schools are conforming to these standards: the states or the local schools themselves?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
States	47	47	48	49
Local schools	29	28	30	32
Both*	15	13	18	14
Don't know	9	12	4	5

*Those who said "both" volunteered that answer.

The third question:

About 10 years ago a new federal Department of Education was established. The present Administration says that such a department is not needed and that its functions should be performed by a smaller agency or by other departments of the government. Do you agree or disagree with this view?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Agree	39	37	42	47
Disagree	37	36	40	37
Don't know	24	27	18	16

Tasks the Federal Government Should Undertake

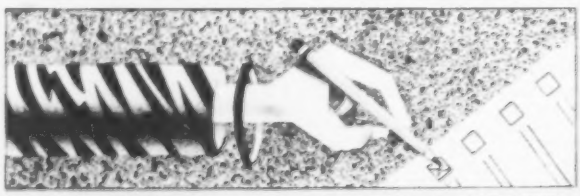
In a related question, respondents were asked whether or not the federal government should undertake each of 11 different tasks that pertain to public education. Some eight of 10 Americans favored federal involvement in requiring state and local systems to meet minimum standards (84%), advising and encouraging state and local systems to deal with national problems (83%), identifying important national problems (81%), promoting educational programs intended to solve social problems (80%), and funding programs to deal with important national educational problems (78%).

Some seven of 10 Americans would favor federal efforts to recognize the achievement of students, teachers, and schools (76%), to support a national testing program for public school students (74%), to collect and report education statistics (73%), to fund research and development (72%), and to provide financing for fellowships and scholarships for college students (72%).

The question:

This card lists various things that the federal government in Washington might do for education in America. As I read off each item, would you tell me whether it is something that you think that the government should do, or should not do, for American education?

	Yes %	No %	Don't Know %
Require states and local school districts to meet minimum educational standards	84	10	6
Advise and encourage state and local educational systems to deal with important national problems in education, such as illiteracy and poor math achievement	83	10	7
Identify important national problems in education, such as illiteracy and poor math achievement	81	12	7
Promote educational programs intended to help solve such social problems as poverty and unequal opportunities for minorities, women, and the handicapped	80	12	8
Fund programs to deal with important national educational problems, such as illiteracy and poor math achievement	78	15	7
Provide recognition and awards for high achievement by students, teachers, and schools	76	17	7
Support a national testing program for public school students	74	17	9
Collect and report information and statistics that measure the performance of education in the nation	73	18	9
Fund research and development in areas of need, such as the curriculum and teaching methods	72	19	9
Provide financing for scholarships and fellowships for college students	72	20	8
Provide financial aid to the states through block grants that can be used for education or for any other purpose	57	30	13



Character Education in the Schools

Secretary of Education William Bennett has made character education one of his primary emphases. The respondents were asked whether they thought courses on personal values and ethical behavior should be taught in the public schools or left to parents and the churches. Forty-three percent said that such courses should be taught in the schools, and another 13% volunteered that schools, parents, and churches should all be involved.

The question:

It has been proposed that the public schools include courses on "character education" to help students develop personal values and ethical be-

havior. Do you think that courses on values and ethical behavior should be taught in the public schools, or do you think that this should be left to the students' parents and the churches?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Yes, schools	43	42	45	54
No, parents and churches	36	36	38	31
Both*	13	13	13	11
Don't know	8	9	4	4

*Those who said "both" volunteered that answer.

Content of Character Education Courses

All respondents were also asked: 1) whether it would be possible to develop character education courses acceptable to most of the people in their communities, 2) who should have the most to say about the content of such courses, and 3) whether those students who objected to the content of character education courses should be excused from attendance.

Six of 10 Americans (62%) think that it would be possible to develop subject matter for coursework on ethics and values that would be acceptable to most of the residents of their communities. Only about two of 10 (23%) feel that this would not be possible.

By a substantial margin, Americans feel that parents should have the most influence on the content of character education courses. Forty-two percent mentioned parents. The school board, mentioned by 24%, was the next most frequently mentioned group. Relatively far behind are teachers (14%) and administrators (10%). The state and federal governments are at the bottom, named by only 9% and 5% respectively.

By a margin of almost 5-3, respondents favored excusing students from character education classes if their parents object to what is taught.

The first question:

Do you think that it would be possible or not possible to develop subject matter for a character education course that would be acceptable to most of the people in this community?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Possible	62	59	68	78
Not possible	23	24	22	17
Don't know	15	17	10	5

The second question:

If courses about values and ethical behavior were required in the local public schools, who do you think should have the most to say about the content of the courses? The federal government in Washington, the state government, the local school board, the school administrators, the teachers, or the parents?

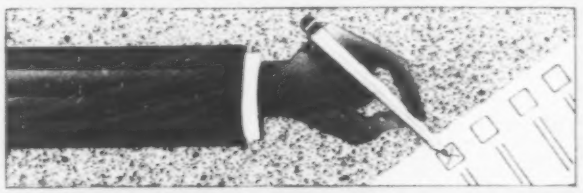
	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Parents	42	39	49	43
Local school board	24	24	24	30
Teachers	14	14	17	15
School administrators	10	11	8	7
State government	9	9	7	10
Federal government	5	5	5	6
Don't know	12	14	9	6

(Figures add to more than 100% because of multiple answers.)

The third question:

If students or their parents objected to what was taught in these classes, do you think the students should be excused from these classes or not?

	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Yes, excused	52	49	57	62
No, not excused	37	37	37	32
Don't know	11	14	6	6



School Prayer

President Reagan has always been unequivocal in his advocacy of school prayer. So has the general public. Seventy-eight percent of the public are aware of the fact that an amendment to the U.S. Constitution has been proposed allowing school prayer. Within that group, 68% favor the amendment, and 26% oppose it. Almost three-fourths of the total sample (71%) feel that only a small percentage of the population would be offended by school prayer.

The first question:

Do you favor or oppose an amendment to the U.S. Constitution that would allow prayer in the public schools?

Asked of those aware of the amendment	National Totals %	No Children in School %	Public School Parents %	Nonpublic School Parents %
Favor	68	68	69	59
Oppose	26	26	26	35
Don't know	6	6	5	6

The second question:

Do you think that a small percentage or a large percentage of the public would be offended if prayer were permitted in the public schools?